

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	KL	8 JC5/703	02/12/01 05/24/01
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Date
Final	5/27
Original	
1 ✓	
2 ✓	
3 ✓	
4 ✓	
5 ✓	
6 ✓	
7 ✓	
8 0	
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Claim	Date
Final	
Original	
51 ✓	
52 ✓	
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Claim	Date
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148 ✓	
149 ✓	
150 ✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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